

**PARK COUNTY SCHOOL DISTRICT #6
BOARD OF EDUCATION POLICY**

Med Form 6

**MEDICATION ADMINISTRATION –
DESIGNATION OF PERSONNEL FORM**

I, _____, the principal of _____
School, designate the following people to administer medications in the above indicated school for the
school year _____.

NAME

TITLE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Principal's Signature _____

Date _____